2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 05, 2005 08:00 AM DOCUMENT # L03000029089 Secretary of State 1. Entity Name HARBOR CITY SURGICAL CARE, LLC Principal Place of Business Mailing Address 211 E. NEW HAVEN AVE. 211 E. NEW HAVEN AVE. MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E083 (10/04) 4. FEI Number Applied For City & State City & State 20-0133606 Not Applic-Zıp Country Zìp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRESE, GARY B Street Address (P.O. Box Number is Not Acceptable) 930 S. HARBOR CITY BLVD, STE 505 MELBOURNE FL 32901 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and acceptable the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM HILE ☐ Change ☐ Ad THE ☐ Delete U00000216494 02/05/05-80051-001 50.00 NAME MOYLES, BRIANT G NAME STREET ADDRESS 211 E. NEW HAVEN AVE STREET ADDRESS CHY-ST-7/P CiTY-ST-ZIP MELBOURNE FL 32901 Tillf ☐ Change □ Ar TITLE ☐ Defete NAME WILSON, RICHARD C DPM NAME SURFELADORESS STREET ADDRESS 211 E. NEW HAVEN AVE CITY-ST-7/P CiTY - ST - 7iP MELBOURNE FL 32901 ☐ Change □ Add ☐ Delete HILE THLE NAME NAME SIPEET ADDRESS STREET ADORESS CHY-ST-ZP CITY-ST-ZIP ☐ Ad ☐ Change DHE ☐ Delete HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Activities HILE NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-7IP CITY ST-7IP

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SIGNATURE: MINISTER NO TYPER OR PRINTED NAME OF SIGNING HANAGER OR AUTHORIZED REPRESENTATIVE Date Phone &

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.